M&E of DOH VCT Programme

Donald Demana

CDC & NDOH

012 - 424 9004

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The scope of VCT M&E

√ The scope of VCT M&E is much broader than 3 output facility based indicators within HIMS (DHIS) to include:

√ VCT budget for programme implementation, HR (staff allocation) and training components monitoring.

√ These program components have their own indicators within the provincial business plans

√ Data is collected by the DOH programme staff as part conditional grants monitoring process rather than information officers.

NDOH VCT Indicators within the NMDS

- There are 3 key VCT indicators (2 outputs + 1 outcome) within the NMDS (National minimum dataset)

- Have definitions, and targets

- In line with the VCT programme components (Counseling, Testing and outcome = HIV prevalence amongst clients tested)

- Collected by using the DHIS (District Health Information System) - data is sourced from the paper based VCT register at facility level aggregated and entered into the computerized-DHIS program at district level

NDOH VCT Indicator 1

- <u>Indicator Name</u>: Proportion clients HIV pre-test counselled (excluding antenatal)

- <u>Numerator</u>: HIV pre-test counselled (excluding antenatal)

- <u>Denominator</u>: PHC headcount 5 years and older excluding ANC visits.

- <u>Data elements</u>:
  ⇒ HIV pre-test counselled (excluding antenatal) - VCT
  ⇒ Data elements PHC headcount 5yrs and older - Headcount PHC
  ⇒ -ANC 1st visit before 20 weeks - Maternal Health.
  ⇒ -ANC 1st visit 20 weeks or later - Maternal Health.
  ⇒ -ANC follow-up visit - Maternal Health

NDOH VCT Indicator 1 cont.

- <u>Limitations</u>: By using the facility based denominator (population), It does not indicate the direct impact the programme is making at community.

- <u>Strength1</u>: it demonstrates how facility is doing in terms of VCT services in relation to all other PHC services excluding ANC

- <u>Strength2:</u> When the VCT target population (15-49yrs) is used as the denominator, this indicator demonstrates impact of the programme on the overall target population (by showing the number of people directly reached by the programme)

NDOH VCT Indicator 2

- <u>Indicator Name</u>: HIV testing rate (excluding antenatal)

- <u>Numerator</u>: HIV client tested (exc antenatal)

- <u>Denominator</u>: HIV pre-test counselled (exc antenatal).

- <u>Data elements</u>:
  - ⇒ HIV client tested (excluding antenatal) – VCT
  - ⇒ HIV pre-test counselled (excluding antenatal)

- <u>Strength</u>: it demonstrates the uptake or acceptance of C&T services by the targeted population who have received pretest counselling.

- This data element is also used to determine the quality of counselling services. Thus informs the counselling strategies

NDOH VCT Indicator 3

- <u>Indicator Name</u>: HIV prevalence among clients tested (excluding antenatal)

- <u>Numerator</u>: HIV test positive - new cases (excluding ANC)

- <u>Denominator</u>: HIV client tested (excluding ANC)

- <u>Data elements</u>:
  ⇒ HIV test positive - new cases (excluding ANC) –VCT
  ⇒ HIV client tested (excluding antenatal – VCT

Key +ve issues on VCT data elements and the DHIS

- <u>Standardised</u>. Can accommodate or be used with other data elements to generate more than one useful epidemiological meaning.

- <u>Flexibility</u>: DHIS enable linkages and collection at non-health facility settings like churches, industries, etc.

  - Two options of linkages are: Facility to facility link and facility to subdistrict or district.

VCT data flow of linked facility

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                    ┌─────────────────────┐
                    │   National Level    │
                    └─────────────────────┘
                              ↕
                    ┌─────────────────────┐
                    │  Provincial Level   │
                    └─────────────────────┘
                              ↕
                    ┌─────────────────────┐
                    │   District Level    │
                    └─────────────────────┘
                              ↕
            ┌─────────────────────────────────┐
            │   Sub-district / LSA Level      │
            └─────────────────────────────────┘
                         ↗           ↖
```
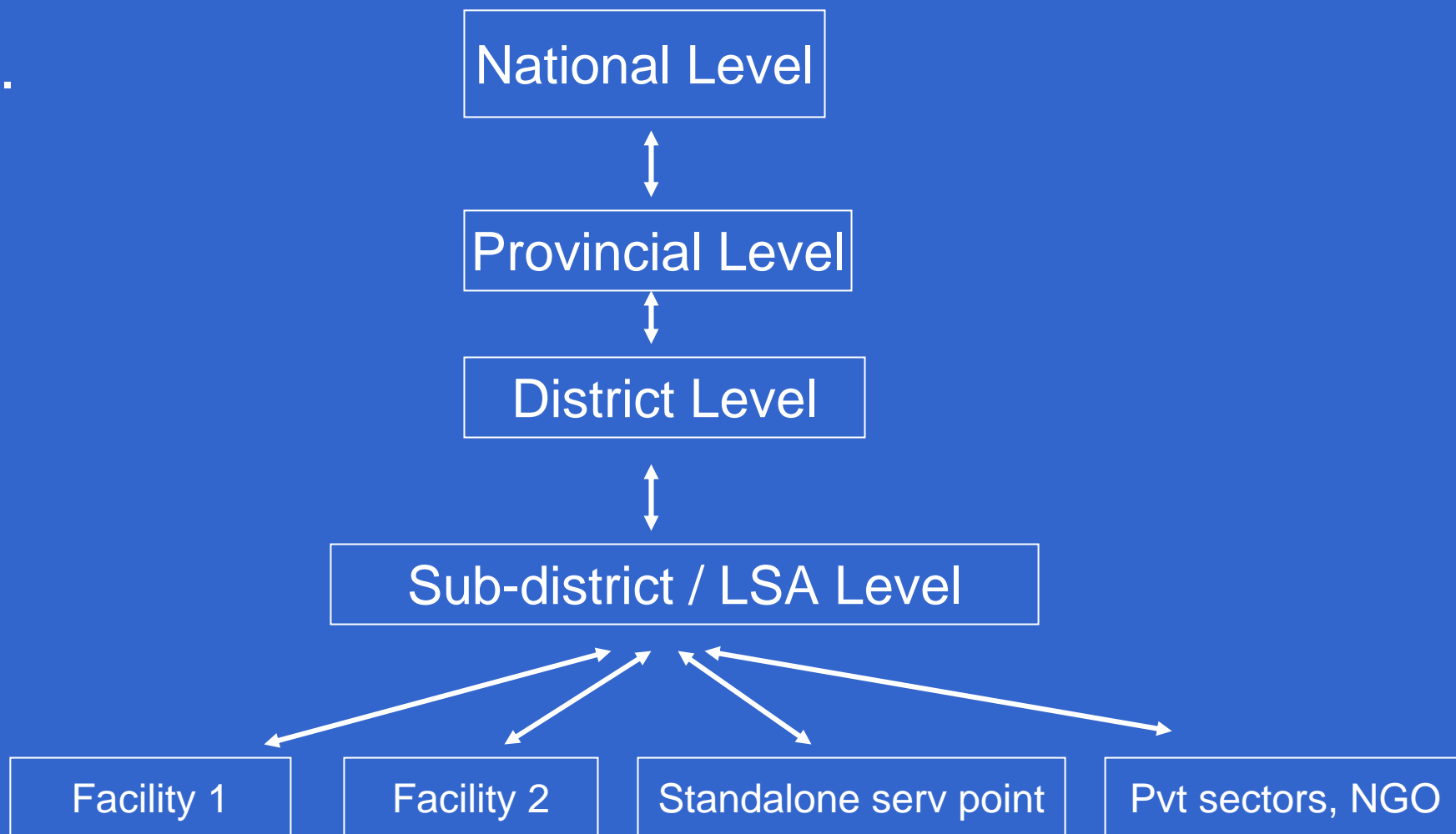
| Standalone serv point | ↔ | Facility 1 | Facility 2 | ↔ | Pvt sectors, NGO |
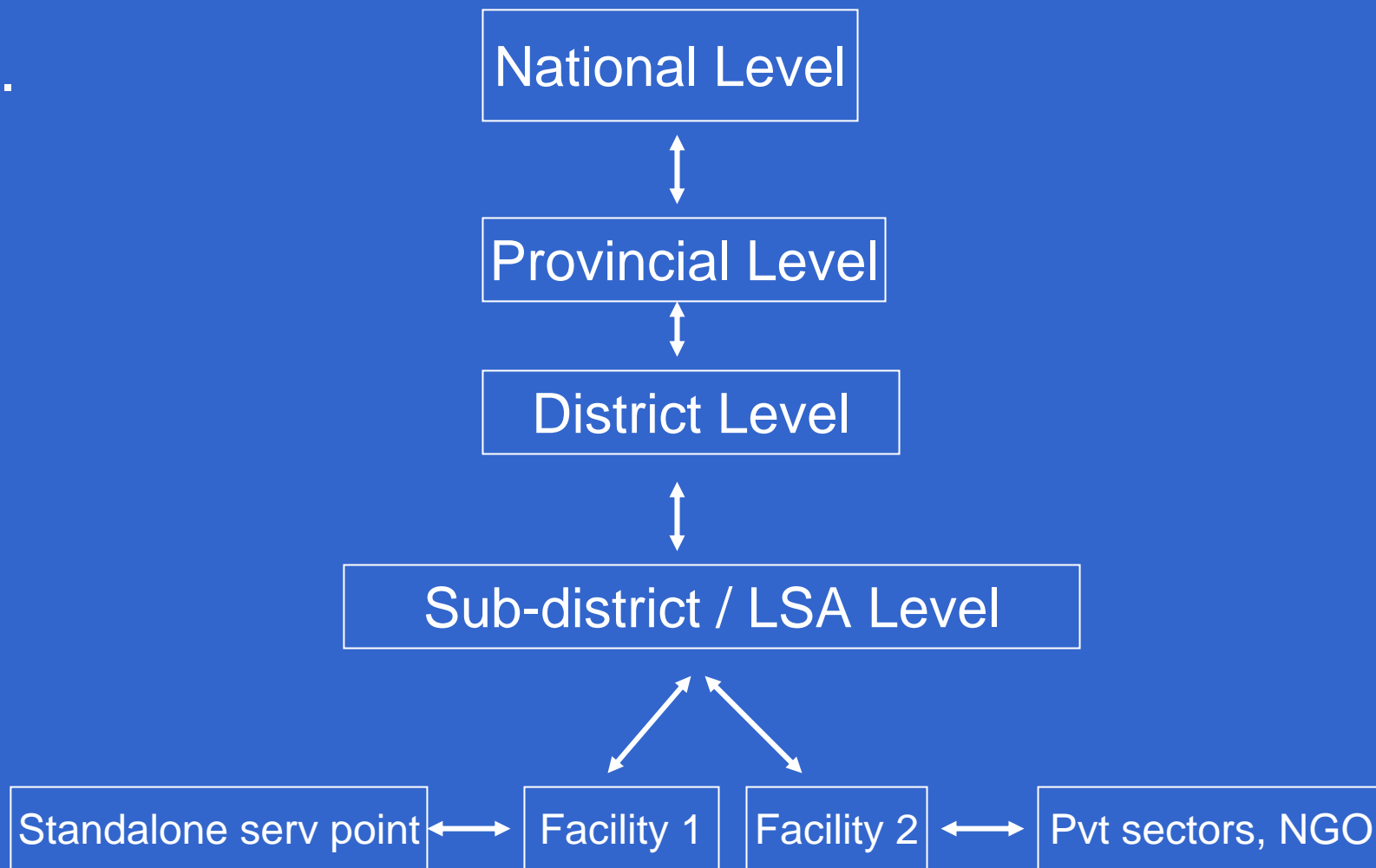
VCT data flow of subdistrict linked facility

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                    ┌─────────────────────┐
                    │   National Level    │
                    └─────────────────────┘
                              ↕
                    ┌─────────────────────┐
                    │  Provincial Level   │
                    └─────────────────────┘
                              ↕
                    ┌─────────────────────┐
                    │   District Level    │
                    └─────────────────────┘
                              ↕
            ┌─────────────────────────────────────┐
            │      Sub-district / LSA Level        │
            └─────────────────────────────────────┘
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| Facility 1 | Facility 2 | Standalone serv point | Pvt sectors, NGO |

NDOH M&E challenges for national VCT programme

- Data flow and quality issues

- Lack of strong link and collaboration between the public facility and (Pvt sector, NGO, GPs, etc)
  - (Very limited or no data sharing esp. when Pvt and NGO are not funded by DOH)

NDOH M&E message to all partners

- Understand that PEPFAR is here to support the SAG efforts in its fight against the HIV and AIDS epidemic

- Let's join this support by forming linkages with at all levels of the DOH and start reporting to the DOH.

Thank You